## Relocation / Transfer Questionnaire Farm Credit Administration

Autno	rization Number:						
Relocat	S.C. 5721, et seq, and the pertine ion Coordinator based on these r	ent Federal Trade Regul responses. The Relocati	op an estimate of the cost of your lations. A travel authorization wi ion Coordinator will provide you ormation required to facilitate yo	ill be prepared by the with an estimate of			
develop	imate for each item that will be i	involved in your transfe	information for every item at this er. Please notify us immediately nt of household goods, number of	if significant changes			
Please s	send your completed form to: Travel Services Division Relocation Services Branch Department of the Treasury Bureau of the Public Debt 320 Avery Street Parkersburg, WV 26101  (*) To expedite preparation Relocation Services Branch	of the Authorization,	please fax the completed form	to:			
1.	Employee Name (First, Last, Work Phone: Reporting Date: Office Transferring to:	MI):		)			
	Retirement Plan: Civil Service Retirement Syst Civil Service Retirement Syst Federal Employee Retirement Other:	em (CSRS) Offset:					
	Employee Pay Grade and Anr (This is required to ensure pro						
2.	Official station from which transfer will be made:						
	(City)		(County)	(State)			
3.	Dependents Relocating: (Spouse & Immediate family under age 21):						
	Name		Relationship	Date of Birth of Children			

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	RAVEL TO NEW OFFICIAL Every effort should be made for			diata family to	aaaammlish tuo	val at the same
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	Will you, and members of your Give anticipated departure date Privately owned autor	e mobile (PO	, arrival o V) – If more tl	date han one POV, i	and mod ndicate how m	e of travel:
	Common carrier: Air		I rain	Bus		
	If your family will be traveling and mode of travel:			e date	, arriva	l date
	Privately-owned auto			_		
	Common carrier: Air		Train	Bus		
Pl	lease state reason why it is nece	essary for yo	our family to t	ravel separately	r:	
c.	If driving what is your estimate	Ū				
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8.	SALE OF RESIDENCE AT OLD OFFICIAL STATION: * (See Below)							
	a. Do you plan to sell your residence at your old official station?							
	b. Type of residence?							
	d. Did you acquire the residence prior to the time you were informed of your transfer?							
	e. Do you anticipate completion of the sale within two years after the date of reporting to your new official station?							
	f. Estimated sale price of the residence:							
	OR							
	RELOCATION SERVICES (GUARANTEED HOME SALE): *(See I	<u>Below)</u>						
	This service is an optional entitlement in lieu of Sale of your residence through a broker in section 8 above.							
	relocation services company will have independent appraisers assess your h	nome's current value and offer an						
	amount of money to purchase your house that will be an average of two app							
	accept their offer. The advantage of this service is that you have a known sa	ale date. The disadvantage is your						
	house could receive a higher price on the open market with a broker.							
	Do you plan to use this option versus selling your residence on the open market? (Yes/No)							
	Please indicate the estimated value of your home to let the relocation service	ces provider have						
	an idea of open market value:							
9.	PURCHASE OF RESIDENCE AT NEW OFFICIAL STATION: (* Se							
	a. Do you plan to purchase a residence at your new official station within to	wo years after the date you report for						
	duty? b. Estimated purchase price:							
	b. Estimated purchase price.							
*	(You must complete sale, purchase and lease termination within two years after you report for duty at your new station unless an extension of time has been authorized. You may be granted an extension of two additional years, however, it is the RELOCATEE'S responsibility to request an extension BEFORE the two years has expired.)							
The chan	e above responses are accurate and complete to the best of my knowledge a anges will be brought to the attention of the Relocation Specialist.	t this time. Any significant						
	(Signature of Employee)	(Date)						
Upor	on completion of this questionnaire, the Relocation Specialist will complete	the following estimates:						
	1) Miscellaneous Expense: Individual:	Family:						
	2) Withholding Tax Allowance (WTA):							
	3) Relocation Income Tax Allowance (RITA):							
	4) Total of allowable reimbursements:							
	5) Employer share of FICA/HITS:							
	Total Estimated Expenses:							

## PRIVACY ACT

In compliance with the Privacy Act of 1974, the following information is provided. Basis authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting data is to determine the amount to reimburse an employee for expenses incurred in connection with permanent change of station. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses.